

Thank you for your interest in the Student Volunteer Program at Mercyhealth Hospital - Rockton Avenue. Please contact us at 815-971-6284 to schedule your interview appointment.

Here are some answers to questions you may have:

WHAT IS A STUDENT VOLUNTEER?

Student volunteers are teen boys and girls between the ages of 14 and 18 and still in high school. Those interested must attend a personal interview, an orientation, and training in order to volunteer at Mercyhealth Hospital - Rockton Avenue.

WHAT TYPES OF SERVICES CAN STUDENT VOLUNTEERS DO?

Students are trained and scheduled to work in several areas of Volunteer Services, such as Patient Services (transport/escort), Flowers and Mail, Visitor Information Desk, Outpatient Surgery, Gift Shop and Thrift Shop. Assignment to a particular service is dependent upon age, interest, aptitude, service needs, and time availability.

HOW OFTEN DO STUDENTS WORK?

All volunteers are requested to work a **minimum of two shifts per month** during the school year, **with a minimum of 40 hours or six months**; many volunteers work one shift per week.

During the summer months, students are **required** to work a **minimum of one shift per week, or a total of 40 hours**, due to the short summer period and training involved. Students may work more often if they are able to and if scheduling permits. Shifts are two to four hours long.

WHAT MUST YOU BRING TO THE INTERVIEW?

1. An official copy of your last semester grades to show you are enrolled in an educational program.
2. Your birth certificate or driver's license to show proof of age.
3. A copy of your most current immunization record.

AFTER THE INTERVIEW, WHAT NEXT?

First, we will evaluate your application, interview, verify past volunteer experience and check references. If we feel that you will meet our current volunteer needs, you will be invited to join our volunteer program.

You must then attend an 3.5 hour orientation. After that, you will be assigned to a service area for training on the job.

WHAT DOES THE UNIFORM CONSIST OF AND COST?

Tan/Khaki pants; a white shirt (can be collared, polo, plain t-shirt NO sleeveless shirts–must cover belly area); Comfortable closed-toe shoes in neutral colors (can be tennis shoes)

Girls: Blue Volunteer Cobbler Apron \$18 / Boys: Blue Volunteer Vest \$18

The cobbler apron and vest must be purchased from the Volunteer Services Department.

We will provide you with a photo I.D. name badge. All volunteers must be in uniform during their service.

THANK YOU AGAIN FOR YOUR INTEREST IN OUR VOLUNTEER PROGRAM AND HOPE TO SEE YOU SOON!

VOLUNTEER SERVICES DEPARTMENT

Mercyhealth Hospital-Rockton Avenue – 2400 N. Rockton Avenue
North Office Bldg.- Suite 201 – Rockford, IL 61103
Tel. (815) 971-6284 Fax (815) 971-9284

Student Volunteer Service Application

Name _____ (Please Print) Home Phone _____
Cell Phone _____
Address _____ City _____ Zip _____
Birth Date _____ E-Mail Address _____ Social Security No. _____

In the event of emergency, notify: Name _____
Relationship _____ Phone Home: _____ Cell: _____

Have you had previous hospital volunteer experience? Yes No If yes, when _____

Name of hospital _____ Supervisor _____

Describe duties _____

How long did you volunteer _____

What did you like best _____

What did you like least _____

Have you had previous volunteer experience in other areas? Yes No

If yes, when _____ Name & Type of organization _____

Describe duties _____

How long did you volunteer _____

What did you like best _____

What did you like least _____

Volunteer experience listed will be verified.

Please check times and circle days in which you would be available to work:

Mornings M T W TH F SAT SUN

Afternoons M T W TH F SAT SUN

Evenings M T W TH F SAT SUN

How many times each month are you willing to work?

Once a week

Twice per week

Twice per month

School attending _____

Please list all of the classes which you had last semester, and your semester grade for each. You will need to provide us with a copy of your grades.

CLASS	GRADE	CLASS	GRADE

Do you have any chronic physical or medical problems which might affect your attendance or performance as a volunteer? Yes No If yes, please explain: _____

Why do you want to be a Mercyhealth Hospital - Rockton Avenue student volunteer?

Why do you think that you would be an asset to our volunteer program? _____

Please list three references who are not relatives, one **MUST** be a teacher or school official who knows you well:

1) Name _____
Address _____
City _____ Zip _____ Phone _____
How do you know this person? _____

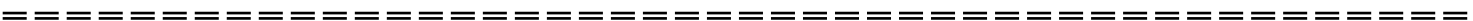
2) Name _____
Address _____
City _____ Zip _____ Phone _____
How do you know this person? _____

3) Name _____
Address _____
City _____ Zip _____ Phone _____
How do you know this person? _____

I authorize the Mercyhealth Hospital-Rockton Avenue Volunteer Services Department personnel to contact these references regarding any information, including personal. I release all parties from liability for seeking or furnishing such information.

I also certify that the information within this application is true and that I have completed this application myself.

Signed _____ Date _____



PARENTAL CONSENT

I give permission for _____ my son/daughter to be a volunteer at
Mercyhealth Hospital-Rockton Avenue for up to _____ times per month and promise to actively support
his/her commitment and efforts to maintain regular attendance.

Signed _____ Date _____
(Parent or Guardian)